

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16220
Registrar's No. 4258

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4258</u>	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>5 months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>1724 Webster</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u> b. (Middle) _____ c. (Last) <u>Simmons</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>22</u> (Year) <u>1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 29, 1901</u>		9. AGE (In years last birthday) <u>51</u>		10. UNDER 1 YEAR Months <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Reg Co</u>		11. BIRTHPLACE (State or foreign country) <u>Amit, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Styles</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Carter</u>		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Edwards Ford</u>		ADDRESS <u>100 N. 14 E. S. Lewis</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>11-21</u> , 19 <u>52</u> to <u>4-22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-22</u> , 19 <u>53</u> , and that death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>E. B. Sparks</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>4-23-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	
24d. LOCATION (City, town, or county) <u>E. St. Louis, Ill.</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u>		ADDRESS <u>111 N 13th</u>		DATE REC'D BY LOCAL AG. <u>APR 25 1953</u>	
REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7. 11/10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

M. Thomas Nash
Licensed Embalmer No. *4434*

P. O. Address *3847 Page*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.